

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-045392

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

11712

STATE FILE NUMBER

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH  
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
St. Louis

Length of stay in 1b  
4 weeks

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION  
Berkside Hospital

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Mo b. COUNTY

c. CITY OR TOWN  
St. Louis

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
4461 Arco

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First Middle Last  
Helen Duggan

4. DATE OF DEATH  
Month Day Year  
Nov. 26 1963

5. SEX  
F

6. COLOR OR RACE  
W

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
Apr. 21 1891

9. AGE (last birthday)  
72

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. PLACE (City and state or country)  
St. Louis Mo

12. CITIZEN OF WHAT COUNTRY  
U.S.A.

13a. FATHER'S NAME

Michael Cullen

13b. MOTHER'S MAIDEN NAME

Margaret Britt

13c. NAME OF HUSBAND OR WIFE

John Duggan

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of)

no

16. SOCIAL SECURITY NO.

900

17. INFORMANT  
Address  
Mr. John Duggan 4461 Arco

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Respiratory Failure

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Cancer metastasis due to

DUE TO (c)

to Cancer of Ovary

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

175.0

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.  
Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 2/20/63 to 11/26/63 and last saw her alive on 11/25/63  
Death occurred at 9:30 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Malcolm B. Bravell MD

22b. ADDRESS

4660 Maryland

22c. DATE SIGNED

11/26/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

11/29/63

23c. NAME OF CEMETERY OR CREMATORY

Calvary Cemetery St. Louis, Mo.

23d. LOCATION (City, town, or county) (State)

24. FUNERAL DIRECTOR

ADDRESS

Joe A. Howard 1619 So. Grand

25. DATE RECD. BY LOCAL REG.

NOV 27 1963

26. REGISTRAR'S SIGNATURE

Lois Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*James Burbley*  
\_\_\_\_\_

Licensed Embalmer No.

*3653*

P. O. Address

*St. Louis Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.